## **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

- (a) My residence, post office address and citizenship are as stated below next to my name.
- (b) I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## MICROSCOPE DRAPE LENS PROTECTIVE ASSEMBLY

the specification of which (check one) $[x]$ is attached			
[ ] was filed	on		as Application Serial No.
	and was amended	on	(if applicable).
(c) I hereby state that I have specification, including the	reviewed and undeclaims, as amende	erstand the conte d by any amendmen	nts of the above identified at referred to above.
(d) I acknowledge the duty to defined in Title 37, Code of F	disclose informat ederal Regulation	ion which is mate s, §1.56.	rial to patentability as
(e) I hereby claim foreign pri- any foreign application(s) for identified below any foreign ap- date before that of the applica	patent or invento plication for pat	r's certificate(s ent or inventor's	s) listed below and have also s certificate having a filing
Prior Foreign Application(s)			Priority Claimed
(Occupation)	ry) (Da	y/Month/Year file	[] Yes [] No
	ry) (Da		[] Yes { } No
(f) I hereby claim the benefit United States application(s) li claims of this application is n provided by the first paragraph material information as defined between the filing date of the date of this application:	sted below and, i ot disclosed in t of Title 35, U.S in Title 37, Cod	nsofar as the sub he prior U.S. app . Code, §112, I a e of Federal Requ	oject matter of each of the plication in the manner ucknowledge the duty to disclose ulations. §1.56 which occurred
(Application Ser. No.)	(Filing Date)	(Status-patented	d, pending, abandoned)
I hereby appoint the fo business in the Patent and Trad	llowing attorney emark Office conn	to prosecute this ected therewith:	application and transact all
JOHN K	. McCULLOCH - Re	g. No. 17,452	
SEND CORRESPONDENCE TO:		DIRECT TELEPHONE	E CALLS TO:
McCulloch PLC		John K. McCullo	och
5291 Colony Drive North Saginaw, Michigan 48603		(989) 792-2500	
I hereby declare that all state statements made on information statements were made with the k punishable by fine or imprisonm Code and that such willful fals any patent issued thereon.	and belief are be nowledge that wil ent. or both, und	lieved to be true lful false statem er Section 1001 o	e; and further that these ments and the like so made are of Title 18 of the United States
Signature Richard al	Leaver	Signature /	ech M. bright
Date: October 27, 2003 Full Name: Richard A. Weaver Residence: Fenton, Michigan U City, State, Zip: Fenton, Michi Country: USA Citizenship: USA P.O. Address: 14241 Fenton Road Fenton, Michigan	gan 48430	Full Name: Jose Residence: Fent	er 27, 2003  eph M. Wright con, Michigan USA c: Fenton, Michigan 48430 USA USA 14241 Fenton Road Fenton, Michigan 48430

[x] Additional names and signatures are attached Page 1 of 2

October 27, 2003 Date: Full Name: Nathan M. Sokolowski Residence: Fenton, Michigan USA Full Name: Residence: City, State, Zip: Country: City, State, Zip: Fenton, Michigan 48430 Country: USA USA Citizenship: Citizenship: P.O. Address: 14241 Fenton Road P.O. Address: Fenton, Michigan 48430 Signature\_\_\_\_\_ Signature\_\_\_ Date: Date: Full Name: Full Name: Residence: Residence: City, State, Zip: City, State, Zip: Country: Country: Citizenship: Citizenship: P.O. Address: P.O. Address: Signature\_\_\_\_\_ Signature\_\_\_\_\_ Date: Full Name: Full Name: Residence: Residence: City, State, Zip: City, State, Zip: Country: Country: Citizenship: Citizenship: P.O. Address: P.O. Address: Signature\_\_\_\_ Signature\_\_\_\_ Date: Full Name: Full Name: Residence: Residence: City, State, Zip: City, State, Zip: Country: Country: Citizenship: Citizenship: P.O. Address: P.O. Address: Signature\_\_\_\_\_ Signature\_\_\_\_ Date: Full Name: Date: Full Name: Residence: Residence: City, State, Zip: Country: City, State, Zip: Country: Citizenship: Citizenship: P.O. Address: P.O. Address: Signature\_\_\_\_\_ Signature\_\_\_\_\_ Date: Date: Full Name: Full Name: Residence: Residence: City, State, Zip: City, State, Zip: Country: Country: Citizenship:

Signature C

Citizenship:

P.O. Address:

Signature\_\_\_\_\_

P.O. Address: